

Unit 8 - Clinical Psychology

From Simple Studies, <https://simplestudies.edublogs.org> & @simplestudiesinc on Instagram

Summary

- Psychological disorders range widely, and many are covered in this unit along with today's treatment methods.

Psychological Disorders

- **UMAD behavior**
 - Unjustifiable
 - Maladaptive
 - Atypical
 - Disturbing
- **DSM-IV-TR: Diagnostic and Statistical Manual, 4th Edition, Text revision**
 - *Identifies* psychological disorders (not the causes or treatment)
- **Causes of Disorders**

Perspective	Causes
Psychoanalytic / Psychodynamic	Internal, unconscious, childhood conflicts, thoughts, and memory
Humanistic	Failure to self-actualize, low self esteem, lack of unconditional positive regard in their environment
Behaviorist	Behavior is learned through modeling and reinforcements, people are conditioned (through association) into behavior, the environment affects behavior
Cognitive	Self-defeating/irrational/negative thoughts, maladaptive interpretation of events
Biological / Biomedical	Chemical imbalances (neurotransmitters), genetic

	predisposition
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Anxiety

- **Phobias:** irrational fears of certain objects or situations
- **Generalized Anxiety Disorder (GAD):** constant low-level anxiety
- **Obsessive-Compulsive Disorder (OCD):** unwanted thoughts (obsessions) cause the need to engage in particular actions (compulsions) to reduce the anxiety
- **Posttraumatic Stress Disorder (PTSD):** flashbacks, nightmares, etc. of prior traumas
- **Panic Attacks:** episodes of intense anxiety

Somatoform

- **Hypochondriasis:** complaints of physical illness with no clear cause identifiable by doctors; fear of having an illness despite doctors saying otherwise
- **Conversion Disorder:** people complain of severe physical problems like blindness or paralysis, but there's no identifiable biological cause

Dissociative

- **Dissociative fugue:** amnesia when not biologically caused; basically everything around you becomes unfamiliar suddenly because the brain dissociates from the real self
- **Dissociative identity disorder:** (multiple personalities) dissociate from true identity (switch); some claim that this is role play from the therapists' questions

Mood or Affective

- **Seasonal Affective Disorder (SAD):** experience depression when there is less sunlight; this can be treated by light therapy
- **Major Depressive Disorder (unipolar depression):** “common cold” of psychology; the DSM defines it as more than two weeks of hopelessness, fatigue, and change of patterns.
 - Women are twice as likely as men to get this.
- **Dysthymic Disorder:** mild depression which lasts for two years or more (chronic)
- **Bipolar Disorder (manic depressive):** experiencing extreme highs and lows randomly

Schizophrenia

- Symptoms are **delusions** of persecution (“people are going to kill me soon”), delusions of grandeur (“I am the president”), and hallucinations
- **Positive symptoms** would be unusual things **ADDED**
- **Negative symptoms** would be normal habits **GONE**
- **Causes of Schizophrenia**
 - Strong genetic influences were revealed through twin studies
 - Also, almost 1% of every cultural group has this
 - Excess of **dopamine**
 - Parkinson’s disease patients often have hallucinations when they take medications which increase dopamine levels
- **CORRELATED to schizophrenia**
 - Prenatal viruses
 - Enlarged brain ventricles

Personality Disorders

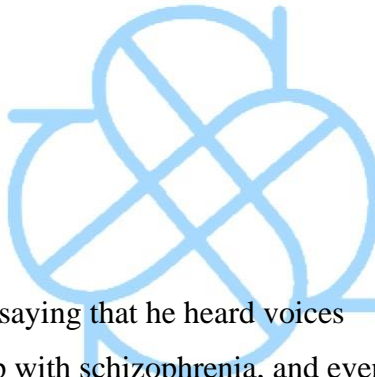
- Most of the names of these disorders also hint at the symptoms, except antisocial
- Paranoid
- Obsessive-compulsive
- Dependent
- Narcissistic: think of themselves as the center of everything, self-absorbed
- Antisocial: not caring about others, no guilt; often lawbreakers
- Histrionic: overly dramatic behavior

Other psychological disorders:

- **Phobias**: sexual attraction to atypical objects/people
- **Eating disorders** (ex: anorexia, etc.)
- **Substance abuse**
- **Autism**
- **ADHD**

David-Rosenhan Study

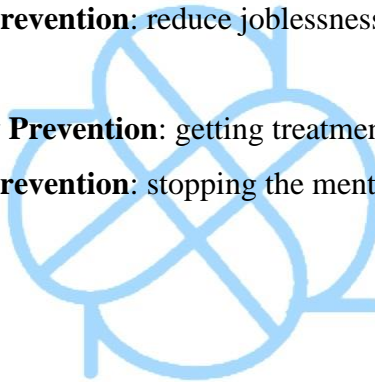
- Faked a mental illness by saying that he heard voices
- Everything he did lined up with schizophrenia, and even his partner, who acted normal later, was hospitalized for nearly 60 days!
- This study shows how labeling occurs and whether or not treatment for the mentally ill is accurate



Treatments of Psychological Disorders

- **History**

- **Trephining:** putting holes in a head would let the “evil spirits” out
- **Dix, Pinel:** a movement to reform mental treatment; the patients were no longer caged and chained like criminals
- **Medical Model:** looks at mental illness as curable, just like a physical illness
- **Deinstitutionalization:** in the 1950s, this was the emptying out of mental care facilities since better drugs were available
 - **Pros:** saved money and helped patients
 - **Cons:** increased homelessness
- **Preventive Psychology:** the focus is on keeping people away from getting mental illnesses
 - **Primary Prevention:** reduce joblessness, homelessness, poverty, or prejudice
 - **Secondary Prevention:** getting treatment for those at risk (ex: counseling)
 - **Tertiary Prevention:** stopping the mental illness from getting worse



Types of Therapy

- **Biological therapy**
 - **Psycho Surgery:** destroying parts of the brain to change behavior
 - **Prefrontal Lobotomy:** cutting the main neurons which lead to the frontal lobe (very risky so this is very rare)
 - **Electroconvulsive Therapy:** often used to treat severe depression; electric current is passed through the left and right hemispheres of the brain; a side effect is memory loss
 - **Drug Therapy**
 - **Antianxiety:** Xanax, Valium, etc. (tranquilizers, barbiturates)
 - **Antidepressants:** Prozac, MAO inhibitors, etc. (increase serotonin)
 - **Antipsychotic:** Thorazine, Haldol, etc. (block dopamine receptors); overdose may lead to Tardive Dyskinesia, which is basically muscle tremors
 - **Mood stabilizer:** Lithium, etc. (treats bipolar disorder)
- **Psychoanalytic Therapy**
 - **Insight therapies:** revealing the unconscious
 - Hypnosis
 - Free Association: say whatever comes to mind
 - Dream Analysis
 - **Problems**
 - **Resistance:** patient disagrees with therapist's analysis (denial may occur) because painful thoughts are going into the ego (this is a barrier to the revealing of the unconscious mind)
 - **Transference:** bringing strong feelings onto the therapist rather than the cause (ex: parents, partners, or siblings may be the cause of anger, but the patient shows it on the therapist)

- **Behavioral Therapy**
 - **Counter conditioning:** reversing the current conditioned response
 - **Systematic desensitization:** teaching the client to gradually replace strong emotions with more relaxed ones
 - **Exposure Therapy:** exposing the client to what they normally avoid
 - **Implosive Therapy:** exposure to fear but NOT GRADUAL
 - **Aversive Conditioning:** pairing an unwanted behavior with an unpleasant stimulus
 - Ex: alcohol can be paired with sickness, bed wetting can be paired with a shock
 - **Modeling:** watch others in a calm way
 - **Token economy:** rewarded for every good behavior
- **Cognitive Therapy (Beck, Ellis)**
 - **Cognitive therapy:** (Beck) changing/challenging thought patterns about themselves; positive thinking is the focus of this therapy
 - **Rational Emotive Therapy:** (Ellis) cognitive restructuring; replacing the irrational thoughts with rational thoughts
- **Humanistic Therapy (Rogers, Maslow, Perls - Gestalt)**
 - **Client or person-centered therapy:** (Rogers) the therapist shows unconditional positive regard, empathy, and active listening (interactive); self-actualization is the goal to which the therapist helps the client
 - **Gestalt Therapy:** (Perls) get in touch with the “whole” self
 - **Existential Therapy:** help find meaning and purpose in life
 - **Group Therapy:** where multiple clients are put together and helped; allows them to see that they are not alone with their problems